

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
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APPLICANT(S)
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**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1		1		
3				1		
4				1		
5				1		
6		1		1		
7		1		1		
8		1		1		
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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TOTAL CLAIMS								